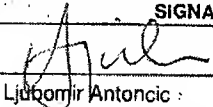


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|--|------------------------|------------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/584,638-Conf. #8154 |
| | Filing Date | June 26, 2006 |
| | First Named Inventor | Ljubomir Antoncic |
| | Art Unit | 3617 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 21388/0209171-US0 |

| | |
|---|---|
| I hereby revoke all previous powers of attorney given in the above-identified application. | |
| <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 07278 | |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 07278 </div> | |
| OR <input type="checkbox"/> Firm or Individual Name | |
| Address | |
| City | |
| Country | State Zip |
| Telephone | Email |
| I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i> | |
| SIGNATURE of Applicant or Assignee of Record | |
| Signature |  |
| Name | Ljubomir Antoncic |
| Date | 26-05-2008 |
| Telephone | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| <input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted. | |

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☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Gorazd Sorsak

Date

11-03-2008

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.